

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000630

FILED
Apr 26, 2006
Secretary of State

Entity Name: TRINITY MEDICAL ASSOCIATES, L.L.C.

Current Principal Place of Business:

1306 SEVEN SPRINGS BLVD
TRINITY, FL 346555643

New Principal Place of Business:

2034 LITTLE ROAD
TRINITY, FL 346555442 US

Current Mailing Address:

1306 SEVEN SPRINGS BLVD
TRINITY, FL 346555643

New Mailing Address:

2043 LITTLE ROAD
TRINITY, FL 346555442 US

FEI Number: 03-0499662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASTA, JEFFREY S M.D.
1306 SEVEN SPRINGS BLVD
TRINITY, FL 346553643 US

Name and Address of New Registered Agent:

VASTA, JEFFREY S M.D.
2043 LITTLE ROAD
TRINITY, FL 346554421 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PVS () Delete
Name: VASTA, JEFFREY S M.D.
Address: 1306 SEVEN SPRINGS BLVD
City-St-Zip: TRINITY, FL 346553643

ADDITIONS/CHANGES:

Title: PVS (X) Change () Addition
Name: VASTA, JEFFREY S M.D.
Address: 2043 LITTLE ROAD
City-St-Zip: TRINITY, FL 346554421 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEFFREY S. VASTA, M.D.

PVS

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date